FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		(See instruction		Office use only
NAME OF COMMITTEE (in		(Check if name is changed)	Example: If typying, type over the lines	12FE4M5
ROMNEY FOR	R PRESIDENT, INC			
ADDRESS (number and	street) 585 C	OMMERCIAL S	TREET	
(Check if addr is changed)	ess BOS1	ON		MA 02109 _
COMMITTEE'S E MA	II ADDDESS		CITY	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA	mittromney.com			
COMMITTEE'S WEB	PAGE ADDRESS (UF	RL)		'
www.mittrom	ney.com			
857-288-6399	NUMBER	J		
2. DATE 0 2		^Y 2 0 0 7 ^Y		
3. FEC IDENTIFICA	ATION NUMBER	(C C00431171	
4. IS THIS STATEM	MENT X NEW	(N) OR	AMENDED (A)	
I certify that I have exami	ined this Statement and	to the best of my knov	vledge and belief it is true, correct ar	nd complete
Type or Print Name of	TreasurerC	harles Spies (As	sst. Treasurer)	
Signature of Treasurer	. Electronically Filed	by Charles S p	oies (Asst. Treasurer)	Date 02 / 13 / Y Y Y Y Y
NOTE: Submission of fa		-	subject the person signing this Stat	ement to the penalties of 2 U.S.C. S437g. WITHIN 10 DAYS
Office Use Only			For further information of Federal Election Commiss Toll Free 800-424-9530	

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5.	TYPE OF CO	TYPE OF COMMITTEE (Check One)						
	(a) X	This committee is a principal campaign committee. (Complete the candidate information below.)						
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
	Name of Candidate							
	Candidate Party Affiliatio	n REP Office Sought: House Senate	X President	State District				
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized	ed committee.					
	Name of Candidate							
	(d)	This committee is a (National, State (or subordinate) committee of the	0 0	(Democratic, Republican,etc.) Party.				
	(e)	This committee is a separate segregated fund						
	(f)	This committee supports/opposes more than one Federal candidate, and is NC committee.	OT a separate segregat	ed fund or party				
6.	Name of Any	Connected Organization or Affiliated Committee						
L								
L								
	Mailing Addre	ss						
	-			.				
			11111					
		CITY▲	STATE A	ZIP CODE 🛦				
	Relationship							
	Type of Conn	ected Organization:						
Corporation		oration Corporation w/o Capital Stock	Labor Orga	Labor Organization				
		bership Organization Trade Association	Cooperative					

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Write or Type Committee Name								
ROMNEY FOR PRESIDE	ENT, INC.							
	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.							
Full Name Charles	Full Name Charles Spies							
Mailing Address	585 Commercial Street	585 Commercial Street						
	Boston		02109 _					
Title or Position ▼	CITY A	STATE▲	ZIP CODE A					
Asst. Treas	s. & CFO	Telephone number						
name and address of any Full Name	and address (phone number optional) designated agent (e.g., assistant treasu	of the treasurer of the commurer).	ittee; and the					
Mailing Address	585 Commercial Street	585 Commercial Street						
	Boston		02109					
Title or Position ♥	CITY A	STATE▲	ZIP CODE A					
Treasurer		Telephone number 857						
Full Name of Designated Agent Charles	s Spies							
Mailing Address	585 Commercial Street							
	Boston							
			<u> </u>					
Title or Position ♥	CITY A	STATE A	02109					

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9.	Banks or Other Dep safety deposit boxes of	· · · · · · · · · · · · · · · · · · ·	counts, rents
	Name of Bank, Depos	sitory, etc.	
		Bank of America	
	Mailing Address	730 15th Street, NW	
		Washington DC :	20005

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$

CITY 🗷